



IDAHO STATE TAX COMMISSION • UNCLAIMED PROPERTY PROGRAM

800 Park Blvd., Plaza IV • P.O. Box 70012 • Boise, Idaho 83707-0112 • (208) 334-7623 • Fax (208) 364-7392
(Hearing Impaired TDD) 1-800-377-3529 • tax.idaho.gov • *Equal Opportunity Employer*

Form UP-2

Page _____ Of _____

DETAIL REPORT OF UNCLAIMED PROPERTY

Holder Name: _____ Employer Identification Number (EIN) _____

Account Number or Check Number (1)	Property Code (2)	Date of Last Transaction (3)	Amount Being Remitted (4)	Interest Rate (5)	Number of Shares Being Remitted (6)	Owner's Social Security Number (7)	Owner's Name (Last Name, First Name, MI.), Address, City, State and Zip Code. (If there is more than one owner specify the relationship to the primary owner i.e. beneficiary, trustee, etc.) (8)

PAGE TOTAL
GRAND TOTAL

TOTAL DOLLARS REMITTED	TOTAL SHARES REMITTED

If this is the last page, please enter Grand Total.